ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 90700 047 ***150.00

DOCUMENT # P03000028248

1. Entity Name
CLEANING RESOURCES CORP.

Principal Place of Business	Mailing Address
241 NW 41 ST. POMPANO BEACH, FL 33064	241 NW 41 ST. POMPANO BEACH, FL 33064

04302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
241 NW 41ST.	241 NW 41ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: POMPANO BEACH FL	City & State: POMPANO BEACH FL
Zip: 33064 Country: USA	Zip: 33064 Country: USA

4. FEI Number 26-0059937 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HENRY, DOROTHY
241 NW 41 ST.
POMPANO BEACH, FL 33064

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Dorothy Henry 04-29-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO ~~MORIS, PATRICK~~ MORRIS, PATRICK 241 NW 41 ST. POMPANO BEACH, FL 33064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ~~MORIS, PATRICK~~ MORRIS, PATRICK 241 NW 41 ST. POMPANO BEACH, FL 33064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MORRIS, DENNISE 241 NW 41 ST. POMPANO BEACH, FL 33064	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DH 04-29-04